THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 199. } PHILADELPHIA, AUGUST 11, 1860. { NEW SERIES VOL. IV. NO. 19.

ORIGINAL DEPARTMENT.

Communications.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 2.

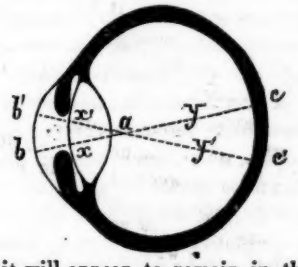
1. *Opacities of the Refracting Media of the Eye.—Opacities of the cornea* can scarcely be considered as playing a part in ophthalmoscopy. The exudative process in the layers of the cornea can be observed readily enough by the unarmed eye; only the oblique illumination may contribute something to their better recognition. This is especially true of the punctiform inflammation of the *membrane of Descemet*, which may be overlooked without the aid of the oblique illumination, on account of the minuteness of its structure.

Opacities of the aqueous humor are diffuse, and best seen with the naked eye.

We now pass on to the opacities occurring in the refracting media behind the iris, and here the ophthalmoscope is of much greater service. Opacities in these parts—unless they are so extensive that the rays of light are completely obstructed, and it is rendered impossible to see the back ground of the eye—may be examined by two different modes.

If the eye is illuminated by the ophthalmoscope, and the focus of the latter thrown into the back-ground of the eye, we see the red field of the latter, upon which the existing opacities of the refracting media are seen as black shadows. But if we wish to determine the color, consistency and structure of these opacities precisely, the focus of the ophthalmoscopic lens must be thrown upon the opacity itself. There is some difficulty in determining the precise position of the opacity, i. e., whether it is located in front, behind of, or in the axis of the eye. If the opacity is situated in the axis of the eye itself, (Fig. 1, a,) then, of

Fig. 1.



course, it will appear to remain in the same place, whatever be the motion of the eyeball or the movements of the examining physician. But if the opacity is located in front of the eye's axis, (f. i. at x,) then it will follow the movements of the eye; it will be raised to x' when the eyeball is raised. This is termed the positive parallax. If, however, the opacity is behind the axis, (f. i. at y) and the eye is raised, the opacity will apparently sink and be seen at y'. This change of locality is termed negative parallax.

In other words, opacities in front of the axis of the eye will follow the movements of the diseased eye or those of the examining physician; while opacities behind the axis of the eye will move in the opposite directions. The greater the movements or excursions of the opacity, the more remote is it from the eye's axis, and vice versa. Opacities behind the axis occur in the vitrious humor alone, as the former is situated a little behind the lens. Opacities in front of the eye's axis, on the

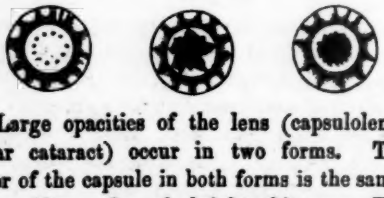
contrary, may occur in all other parts of the refracting media. While opacities which lie in front, or in the immediate neighborhood of the axis can readily be seen with the upright picture, opacities situated near the depth of the eye should be examined by means of the inverted picture; and thus if, for instance, a cysticercus be present in the back part of the eye, it may readily be detected, and observed in its whole length, by slightly moving the head to and fro.

Opacities of the Capsule of the Lens.— The capsule of the lens in its normal state, when seen by the oblique illumination, presents a light bluish tint, which it loses when examined with the ophthalmoscope. We must hence be careful not to mistake this bluish tint, apparent only under the oblique illumination, as a pathological result.

Among the pathological products of the capsule of the lens, it is necessary to distinguish accurately between simple exudations and opacities which have become plastically organized; this is not very difficult, because simple exudations, which have not yet undergone all the phases of an opacity have more of a grayish color, shading into blue, while the color of opacities that have persisted some time, appear white or mother of pearl like.

As a consequence of iritis we frequently find, on close inspection of the eye, small points within the circumference of a small circle, upon the anterior, convex capsule. With the ophthalmoscope these can be recognized only as shadows in the depth of the eye; but not by throwing the focus directly upon them. By the oblique illumination, we can best recognize the color, consistency, and form of these exudations. (Fig. 2.)

Fig. 2. Fig. 3. Fig. 4.



Large opacities of the lens (capsulolenticular cataract) occur in two forms. The color of the capsule in both forms is the same, of a uniform, often of a bright whiteness. The shape however varies. It is generally serrated, and the serrations reach as far as the margin of the iris allows us to look. (Fig. 3.)

This simple capsular cataract demands an operation in cases where it is extensive enough to interfere with the sight. Different however it is with the second form of capsular opacity. Here the opacity is round, and is situated completely in the centre. (Fig. 4.)

In this case we can conclude with almost absolute certainty that there exists partial or complete separation of the retina; this conclusion is strengthened if there exists a complication with lenticulo-capsular cataract, or calcification of the lens, by which the retina is separated, in consequence of an choroiditis set up through the lens. The retina is separated from the choroid covering it, as far as the inflammatory process has involved the latter. In such a case an operation would be of little avail.

The opacities after an operation are caused by the presence of cataractous fragments of the lens that have remained behind. The examination in this case should be made by the oblique illumination with the convex glass.

(To be continued.)

An Improved Anterior Angular Arm Splint.

By J. W. Thompson, M. D.
Of Philadelphia.

I have been repeatedly and forcibly struck with the difficulty of application, and the uncomfortableness of the fit of the angular splint in common use for the front of the arm; and have, after considerable thought upon the subject, become convinced that the construction is radically wrong, considering the anatomy and function of the parts. To remedy this, it is but necessary to adopt an apparently slight change, which I suggested in a conversation with several experienced members of the profession some six months ago and which time has but proven to me is founded on correct principles, and is all that is needed to make a perfect splint.

The ordinary splint, made either with or without a flexible joint, holds the fore-arm in an unnatural position, and is consequently exceedingly irksome.

If the surgeon be an overly neat man, and determined to make a perfect adaptation of parts to both arm and forearm, he will frequently find that his patient complains not only of this painful tiring, but that the compression over the carpo-metacarpal joint of the thumb, becomes a serious trouble, and at times unbearable.

To prove the malconstruction, one has but to apply it to the well arm, and after arranging it as if for dressing, remove the splint and endeavor to hold the fore-arm in position as forced by the apparatus, not allowing any pronation to take place. One minute will suffice for any one to ascertain that nature never intended the wrist and fore-arm to be held in just that position.

Now, to obviate this difficulty, I find that it is only necessary to incline the upper piece *outward*, at a slight angle from the perpendicular, when the fore-arm will rest in *slightly* pronated position, which is its natural state.

This may perhaps be better understood by reference to the annexed figure, representing a direct posterio-lateral view of the modified splint.

The arm rests easily on such a splint; undue pressure upon the carpo-metacarpal articulation of the thumb is avoided; and this being the natural position of the arm, the fragments of bone are held more perfectly in apposition, all which things tend certainly to a more rapid and perfect recovery.

The idea—which as above intimated is original with myself—is now submitted to the judgment of the profession, with the hope that it may be tried, scanned closely, and if found worthy, adopted by it.

And though it be but a trifle, I shall feel gratified in being able to add even such a mite to the treasury of the profession, whence we draw relief for suffering humanity.

Protracted Labor—Uterine Hemorrhage—Fibrinous Coagula—Puerperal Delirium—Eclampsia—Recovery.

By W. Johnson, M. D.

Of White House, N. J.

The caption of my article is an epitome of the case. But as the case is unique, and presents points of great interest, and involves principles of obstetric practice, I ask the indulgence of a more extended notice.

I was called on Wednesday evening, July 11th, to visit Ellen, wife of D. R., aged about 33, supposed to be in labor at full time with her second child. The first child, which was a daughter, she had about nine years since. Her labor at that time was not tedious, and her recovery was good. This lady is of large enbonpoint, but of exquisite nervous temperament, and of strong "cephalic pre-disposition." *She has been twice threatened with eclampsia within a few weeks past.* Pain in her head, vertigo, and flushed face, were removed by the free use of the lancet, saline purgatives, and restricted diet. All cerebral uneasiness was by these means averted.

I saw Mrs. R at 8 o'clock, and found that she had been in labor all day—pains recurring every five or six minutes—os dilated about as large as a quarter of a dollar, and rather rigid. As my house was not far off, I did not think it necessary to remain with my patient during the night. In the morning I found but little progress made in the labor; the os was more dilated, but still rigid. I detected a head presentation in the second position of Baudeloque. The pains were not increased in force—she had passed a restless night—pulse 80—dulness of head, but no pain. I advised cold applications to head, and to keep quiet. This labor had been precipitated by over exertion. I saw her two or three times during the day. Labor progressed slowly; pains were not much increased in force. In the evening I prescribed two grains of *antim. tart* in eight tea spoonsfull of water, and directed a spoonfull to be given every half hour, until a decided effect be produced. The third dose sickened, and the fourth dose vomited her very freely. I now desisted from giving more. The effect

on the os uteri was very satisfactory; it dilated and became supple; the pains increased in efficiency, and she was delivered at ten o'clock of a female child weighing about six pounds. There was no hemorrhage—and the placenta was readily removed.

Mrs. R. is of a very loquacious disposition, and she was elated and joyful in the birth of a daughter. No less than three times had I occasion to caution her against much talking. I told her that if she should have severe flooding, that it would not be the first case of the kind that I had seen brought on by this very cause; the circulation becomes excited, and flooding is sometimes the result. When I parted with her husband, at his door, I expressed my apprehension of his wife having a turn of flooding, in consequence of her having talked so much. I had not left over an hour when I was called back, on account of flooding and severe after-pain—the pain was excruciating. It was necessary to introduce my hand into the vagina and turn out a large coagulum. After effecting this, I carried my hand to the os uteri, and found it filled up with fibrinous deposit, and open to the size of a dollar. I attempted to introduce my hand, but found that I could not do it without violence. I satisfied myself in removing with two fingers the fibrinous material. A large cloth, saturated with cold vinegar, was applied to the abdomen, and I gave to my patient two 3 gr. doses of plumbi ascetas. All pain was removed by taking away the coagulum, and the hemorrhage was so completely arrested, that I returned home in half an hour.

Friday, 13th. At eight o'clock in the morning I found patient doing well—no return of hemorrhage—pulse 100, and weak. I directed perfect quietude and light diet, taken cool. Before noon the patient became quite delirious and applied her hand frequently to her head, as if she had pain there. She could not answer correctly questions put to her—pulse about 85, and active—abdomen and breasts flaccid. As she had lost so much blood per vias naturales, I did not resort to the lancet, but had her freely cupped, and ice, enclosed in an oil cloth, kept constantly on her head. I gave her Norwood's tincture of veratrum viride, in doses of six drops every three hours. This treatment relieved her much.

Saturday, July 14th. I was called up this morning before 5 o'clock to visit Mrs. R. She had had a chill. The cold applications had been removed sometime previously thereto. The nurse had covered her up with additional bed clothes, and made warm applications to her feet. Her pulse I found to be 80 when I first arrived, and 90 after remaining some little time with her. I advised a continuation of the means which had been employed. At noon I found that reaction had taken place—pulse 94, tumultuous and corded. I gave her 5 grs. of calomel—had sinapisms applied to calf of the legs, and returned to the application of ice water to the head. She continues verat. virid. Patient seems rather more rational, and answers some questions correctly. She had complained in the fore part of the day of some abdominal pain, but I think that it was merely after-pain—there is no tenderness of abdomen on pressure—no tension or fulness. She has urinated freely.

Sunday, 15th. I saw Mrs. R. early in the morning. She is still delirious, and talks very incoherently. The dominant phantasm is an interesting daughter whom she lost over a year ago. The inquiries which were so anxiously made then, are repeated now. "Is Emma better?" "Will Emma get well?" "Is there any hope of Emma's recovery?" &c. Mrs. R's pulse stands at 90—tongue but little furred—some jactitation—no thirst. The calomel had operated freely, but not without the aid of a suppository of molasses candy. Mr. R. informed me that he had sent for Dr. Honeyman in the night, to meet me this morning, and that Dr. Willet would meet with us both in the afternoon. Dr. Honeyman came in the morning. At my suggestion, as we found the skin cool—lips pale—pulse 90; it was agreed to give the julep of ammonia as a tentative measure, in doses of 5 grs. of the ammonia every two hours (the lædentia and juvantia practice,) until we should see patient again in the afternoon. When we met in the afternoon, we found that two doses of ammonia

had been given. Her pulse was now 108, corded and tumultuous—*the systole of the artery taking place before the diastole was completed.* The face was flushed, and skin hot. We were now satisfied that tonics and stimulants were improper in the further treatment of the case, and that the antiphlogistic remedies were clearly indicated. Dr. Willet now arrived and examined the patient, and we retired for conference.

I gave Dr. W. a history of the case, and in doing so, stated that I considered the disease to be "puerperal delirium," and that Dr. Todd in his lectures on this affection makes out two varieties; in one of these there is rapid, thready pulse, and per vigilium; in the other variety there is little if any fever, full pulse, and disposition to doze. These latter cases, he says, generally recover, the former generally die. The causes of this affection, Dr. Todd says, are protracted labor and uterine hemorrhage. In my patient's case, the *punctum saliens* was too much talking, which produced excited circulation, resulting in uterine hemorrhage. All the cases of puerperal delirium which I had heretofore seen (and they were not numerous) were of an ephemeral character, and resulted from the shock given to the great nervous centres from severe labor. In my opinion, in the case of Mrs. R., *the brain was in the same pathological condition that occurs in eclampsia; there was intense irritation, without inflammation;* it would take but little to kindle up inflammation. Both gentlemen concurred in these views, and expressed their approbation of the course pursued by me. The result of our conference was this, to fall back again to the veratrum viride, to bridle the circulation, and to bring about as speedily as possible a mercurial impression. We agreed to give Mrs. R. 2 grains of the mild chloride of mercury every three hours, unless it should purge her too much; if so to give one grain, and if bowels be still too much disturbed, to suspend awhile the internal use of the remedy and employ it by inunction; to use 1 drachm, night and morning, of the unguent. hydrarg. fort., and when the system was somewhat reduced to apply an epispastic between the shoulders. This location of the epispastic was preferred, as it would not interfere with putting the arm under the neck in raising the patient up. I found in the evening that the calomel had not moved the bowels, and I felt the bladder above pubes somewhat distended with urine, but I did not resort to catheterism, as I hoped that she would empty her bladder simultaneously with the operation of the calomel on her bowels.

Monday, 16th. I saw Mrs. R. early this morning. She was uneasy; bowels had been moved repeatedly, but she had not urinated. Her skin was cool, and pulse 90. Catheterism was performed, and two quarts of urine drawn off. She was greatly relieved thereby, and pulse fell to 86; she soon got into a tranquil slumber. I found, by examination, that there was no uterine disease; abdomen soft; breasts secreting.

To avoid repetition, I will state that the catheter was used night and morning until the 23d, when the patient could relieve herself. And the veratrum viride was given for 12 days, every 3 hours, in doses of six, five, four, and three drops.

I saw Mrs. R. several times in the course of the day. She slept occasionally; had very slight fever; no mercurial fœtor in her breath; pulse from 90 to 94. Her bowels were moved too freely, and I gave her a grain of tannin, which restrained them. On account of the disturbed state of the bowels, I discontinued the internal use of the mercury, and resorted to inunction—one drachm of ung. hyd. fort. was rubbed in, night and morning. She takes but a small quantity of food.

I was called out of my bed, at 11½ o'clock at night, to see Mrs. R She had eclampsia. The convulsion had passed off before my arrival. I applied the epispastic between her shoulders, and left her to the care of her nurses. This seizure of Mrs. R. verified the correctness of the opinion advanced by me on Sunday afternoon, of the pathological condition of Mrs. R.'s brain.

17th. Mrs. R. had no return of convulsions during the night. At my visit this morning, her attendants informed me that she had seemed

better ever since the convulsion, which lasted about ten minutes, had fairly passed over. Her blister had not drawn sufficiently, and was reapplied; it was now, however, found to be well drawn, and removed. After discharging the effused serum, I dressed the blister with one drachm of mercurial ointment. Her pulse is now 90, and she is more conscious than since her attack, and shows that she notices what is passing around her. Her answers to questions indicate returning intelligence. Her gums are not puffed, but the mercurial fœtor can be detected in her breath; she appears to have no great cerebral distress at present; her face is pallid.

I had not parted with my patient over two hours, before I was again summoned to her with the message that Mrs. R. had another fit. It had passed off, however, before my arrival; it was not so severe as the first. She had been seized with griping pain, and perhaps this abdominal pain had originated the convulsion. She was pallid, at my arrival; her pulse 120, and sufficiently firm. I prescribed half a grain of morphia, which was repeated. In the evening I found that she had passed a very comfortable day. She has much more intelligence, but is, at times, delirious still.

18th. Mrs. R. has passed a good night; pulse 86; slight puffing of gums; mercurial fœtor of breath; mouth a little watery. Her blister has been dressed three times, with mercurial ointment—1½ drachms being used each time. Mrs. R.'s countenance is much better, and this morning, for the first time, she requested to see her child. She was gratified therein.

20th. Improvement still progresses; pulse between 90 and 100, but has less tension; countenance good; intelligence fully restored; desire for food; takes arrow root, and enjoys it; gums are not more puffy than they have been; mercurial fœtor of breath. Use the ointment once a day; I wish to keep up the effect on the system. Her prospect of recovery is now good.

I will not pursue the daily entries any further. Suffice it to say, that the case almost daily improved. There were occasional attacks of cephalalgia, and I had to cup her once on this account. On the 29th I pronounced her well.

REMARKS.—The foregoing case affords material for psychological and pathological speculation. My remarks will be, however, of a recapitulatory nature. Mrs. R. had but few lucid moments for the first four days. She frequently dozed. *Although the fons et origo of this case was uterine hemorrhage, and the patient pale and surface cool, it would not bear a tonic or stimulating treatment, as was clearly demonstrated by the tentative practice of the 15th.* Neither would it bear an opposite treatment. There was, however, a *via media tutissima*. This was pursued. The veratrum viride measurably controlled the vascular system, until the mercury had supplanted morbid action by its own peculiar impress. Iced water was kept to the head day and night unremittingly, for the first ten or twelve days, the hair having been cut off. To obviate any danger of freezing the scalp, several folds of muslin were interposed. Sinapisms to the extremities, were occasionally employed.

On Hæmatine and its Detection.

BY J. F. HELLER, M. D.

(Translated from "Zeitschrift der Aertzte" of Vienna, by J. M. Maisch, of Philadelphia.)

Everybody is acquainted with the names hæmatine, hæmatoidine, hæmine, and hæmatoglobuline, but the chemical compounds to which they are applied are frequently confounded. It will therefore meet the wishes of many, when I introduce this paper, with a synopsis of those compounds, which either contain the coloring matter of blood, or have been formed therefrom.

The pure red coloring matter of fresh, that is, natural, blood, is the true hæmatine, but is often confounded with hæmatoidine, a name applied by Virchow to the red microscopic crystals, first discovered by him in old blood extravasations of the brain, and afterwards found in obliterated veins, hæmorrhagic infarctions of the spleen, suggilations of the

skin and suppurating cavities. Hæmatoidine appears to be a modification of normal hæmatine, and like it, contains iron; it occurs in more or less intensely red granules, or prismatic crystals, frequently in oblique, rhombic, prismatic tablettes, and is insoluble in water, alcohol, ether, alkalies, acetic and mineral acids.

Crystals of hæmine, prepared from dry blood, are insoluble in water, alcohol, ether, and chloroform; but potassa dissolves the crystals prepared by glacial acetic acid, from dried as well as from liquid blood. Virchow's hæmatoidine must not be mistaken for the blood crystals, obtained from a drop of blood between glass plates; the chemical constitution of these latter, although so much has been written about them, is still unknown.

Hæmatine is most frequently confounded with hæmato-globuline, which name was given by Berzelius to the combination, or better mixture, of hæmatine with globuline; in other words, to the isolated and dried blood corpuscles; it is the red powder remaining on the filter, on washing defibrinated blood with sulphate of soda. The coloring matter, as is well known, exists in the blood globules as a semi-fluid mass, whether within the wall constituted by the globuline, or upon its surface, has not been ascertained yet; it is certain, however, that it is insoluble in the blood serum of normal concentration, that is of 1.027 to 1.028 spec. grav., and that a higher density does not increase its solubility. If the serum containing the corpuscles is diluted, the hæmatine is dissolved, and the quicker with an increased dilution, until all hæmatine has been extracted from the globules by exosmosis.

It is for this reason that, in hæmaturia, the blood globules settle from the pathological urine, leaving it yellow, without taking up hæmatine, if the specific gravity of the urine is equal to, or at least approaches that of the serum. The hæmatine, however, dissolves in light urines and other se- or excretions, and passes as a red solution through the closest filter; we express this fact, by saying the liquid contains dissolved blood. Only the hæmatine is in solution, while the walls of the corpuscles, the globuline, settle loosely in the form of colorless hyaline membranes.

In investigating vegetable and animal pigments, I found that the best liquid for separating most pigments is a mixture of strong alcohol with some sulphuric acid. I have in the same manner effected the separation of hæmatine from globuline, and Lecanu recommended the same method, two years after me, without mentioning my discovery. Pure hæmatine is a dark red brown liquid, being red when diluted, and when dry almost black, yielding a brown red powder. It is insoluble in water, but dissolves, with blood red color, in solutions of such mineral salts as are contained in the blood, particularly in sulphate and phosphate of soda, and the carbonates of the alkalies. The salts of the blood appear to be the sole cause of aqueous solutions of hæmatine.

When burned in platina, hæmatine leaves a residue of nearly pure peroxide of iron. The elementary analysis shows, besides C, H and O, the presence of a considerable proportion of nitrogen. The quantitative estimation has lead to different results, and a reliable formula can as yet not be produced, though Mulder has calculated the following C_{44}, H_{22}, N_3, O_6, Fe.

The most singular theories have been advanced about the state in which the iron is contained in the blood; it was asserted to be present as carbonate, as cyanide, sulphocyanide, phosphate, &c., and lastly as metallic iron. While the former theories have long ago been refuted, the latter has been sustained on the ground of elementary substitution, just as S, P, As, &c., may substitute a corresponding number of equivalents of hydrogen. As a proof for this view, the fact was taken that hæmatine, when treated with concentrated sulphuric acid, and afterwards with water, evolves hydrogen, yielding protosulphate of iron. Mulder and Goudœver prepared in this way their hæmatine free of iron. Sanson and Scherer observed that concentrated sulphuric acid extracts nearly all iron from the hæmato-globuline and the dried cruor. But it appears more than probable that the brown color of

the residue arises from the influence of the sulphuric acid.

The presence of iron in the metallic state may be denied on therapeutical grounds. Iron combines directly with oxygen, and decomposes water at every temperature; now it is impossible that blood, being an aqueous liquid of a temperature of near 59° C. (102° F.,) and containing free carbonic acid and oxygen, should retain the iron in a state of so extremely fine division without oxiding it. Hæmatine therefore appears to be a compound, analogous to the albuminate of soda, which is met with in the serum; and this view is supported by the separation of oxide of iron from the organic portion of hæmatine by means of strong acids.

According to Mulder, hæmatine contains 6.391 parts of iron; Berzelius found in human blood cells .38 parts; 1,000 parts of human blood when yielding 128 parts of red blood cells will contain 7.02 parts hæmatine.

Hæmatine contains almost all the iron of the blood; the hæmaphæin of the blood-serum contains but an extremely small proportion of it. All hemorrhagic exudations arising from filtration of the blood-serum, contain hæmaphæin, which may be prepared like hæmatine. Whether in physiological processes, the penetration of hæmaphæin precedes that of hæmatine, or this the former, has not been determined.

The coloring matters occurring in the various se- and excretions of the animal body, whether normally or in an abnormal state, may be classed as such containing iron and such that are free of iron. I look upon all the former as derivatives from hæmatine; they are hæmaphæine, urophæine, urœrythrine; Harley's urohæmatine, is identical with the latter. Uroglaucine and urrhodine, among others contain no iron; their qualitative relations in the urine and blood of different diseases, and their being accompanied by changeable proportions of urophæine make it evident that they are in no way connected with urophæine or with hæmatine.

I have shown that urophæine, the brown coloring matter of normal urine contains iron, and that all iron occurring in normal urine, is a constituent of urophæine. That this is a derivative of hæmatine, that it is a product of blood cells decomposed by the alimentary process, we can observe best in acute diseases where the decrease of the blood cells, that is a decrease of iron in the blood, is accompanied by a constant increase of urophæine, that is, an increased secretion of iron by the uropœtic process. My views are most obviously sustained by the secretion of urophæine in diseases of the liver and frequently of the kidneys, particularly even in chronic cases of disorganization of the liver, like hepar granulatum; that is, in diseases of those organs, which are supposed to be directly concerned in the metamorphosis of the blood, and chiefly of the cellulose of the blood. I have succeeded in several cases to show the presence of urophæine, besides the hæmaphæine of the blood-serum, namely in liver diseases, (granulated liver, atrophy,) in uræmia and cholera, and from the same blood I have prepared likewise urrhodine and uroglaucine.

Detection of blood and its coloring matter in various se- and excretions.—It is frequently very difficult to ascertain whether urine or others of the se- or excretions contain blood; but for the physician it is always of great importance to obtain certainty on this point. In criminal cases, the detection of blood, for instance blood stains, is always connected with difficulties, if no blood cells can be seen by the aid of the microscope.

Hæmatine contains nearly 7 per cent. of iron; it has been recommended to extract it by means of alcohol acidulated with suphuric acid, and to conclude, particularly if albumen has been found, from the presence of iron as to the presence of blood. But urophæine is extracted in the same manner, and the above conclusion is therefore wrong. The investigation whether a liquid or any substance contains blood, must be undertaken with more care, and with attention to certain precautions and modifications in accordance with the properties of the various pathological products

with which the physician must be acquainted. To simplify the methods, without imparting their reliability, is an important object of the medical chemist, and I hope in the following to have made a few steps in advance.

(To be continued.)

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Case of Spinal Spasm.—This patient, John Lobb, 25 years of age, has been in the hospital for some time, under treatment for paralytic and spasmodic disorders, the result of injury. Four years ago he had a fall while working in a mine, and was partly buried under about a ton of earth. Soon after he became affected with hemiplegia. Of this he gradually recovered, so that he is now able to walk, and his gait has recovered its firmness. But there remains in the right arm and hand a peculiar paralytic-spasmodic affection, described by Romberg, the German pathologist, as spinal spasm. It consists of irregular muscular twitchings, the movements of the flexors predominating. This is due, undoubtedly, to a want of co-ordination of the flexor and extensor muscles, owing to a deficiency in the innervating power of the nerves supplying these muscles. The pathological lesion upon which this depends is probably thickening of the meninges of the spinal cord, the result of a slow inflammatory process.

The electric battery has been used in this case with benefit, and he is slowly improving.

Case of Chronic Diarrhœa. Nitrate of Iron.—G. G. Ayers, 42 years of age, has had dysentery, which has terminated, as these cases frequently do, in chronic diarrhœa. He has been put under the liquor ferri nitratis, combined with tinctura opii, and is improving. Dr. Meigs considers the nitrate of iron as a very valuable astringent in these cases, and those of a similar nature, especially where the patient has been much debilitated, and where there is an anæmic condition of the system.

Case of Ascites.—This patient, a man, 35 years of age, confectioner by trade, was admitted into the hospital July 25th, 1860. He had, according to his own statement, been perfectly well up to the latter part of April, when "he caught a cold" and his bowels commenced to swell. There was pain around the epigastrium, but no pain in the back or elsewhere; of late, however, he has had some pain in the lumbar region; he was attacked with spontaneous vomiting three or four times a day, which continued up to the time when he entered the hospital.

In May, some five or six weeks after his abdomen had become enlarged, his feet commenced to swell, and are yet in an œdematous condition.

His bowels were costive all that time; stools grayish, ash colored, but never clayish. He would sometimes go for a week without an evacuation. His appetite, however, was not much interfered with; he could eat meat and vegetables. His skin has been dry.

During the whole of last winter, before he was taken sick, he had frequent attacks of epistaxis; but none lately.

Physical Examination.—On inspection, the abdomen appears considerably enlarged, full, somewhat tight, but not as tense, as it is often found, where there is meteorism.

Fluctuation is very well marked.

Percussion yields a flat sound over the whole abdominal region, becoming more resonant as we approach the epigastrium; the sides give a perfectly flat sound. Change of position shows evidently the gravitation of the fluid, the region of resonance extending downward when the patient is placed in a sitting posture, and the dulness extending upward when he lies on his back.

Abdominal Organs.—Percussion over the spleen evinces no enlargement of this organ.

Liver.—Nothing like the solid resistance, as it is found in cases of enlargement of this organ, is found in this case. Its lower border does not extend below the margin of the ribs, nor does the left lobe extend below the xiphoid cartilage, the resonant sound on percussion being clear and well marked in this region.

But on percussing upwards toward the chest, there is considerable dulness as far up as the right fifth intercostal space, showing that some solid or fluid rises upward in this direction.

Heart.—The apex-beat of the heart which ought to be found between the fifth and sixth left intercostal space is very indistinct, but exceedingly well marked higher up between the second and third intercostal space. The sounds, however, of the heart, are normal. There is hence evident displacement of the organ upward, in consequence of the accumulation of serum in the abdominal cavity, crowding the diaphragm and the thoracic viscera in that direction. This is also the reason why the clear pulmonary resonance has disappeared on the right side as far as the fifth intercostal space, and been replaced by dulness.

(To be continued.)

EDITORIAL DEPARTMENT.

Periscope.

Sub cutaneous Injection of Acetate of Morphine.—Dr. W. Ogle reports, in the London *Medical Times and Gazette*, a very severe case of delirium tremens, successfully treated by subcutaneous injection of acetate of morphia, after all other means, including chloroform, had failed. One grain of the salt, dissolved in min. vi. of water was the dose. The injection was thrown into the cellular tissue of the arm.

Two Cases of Extra-uterine Abdominal Fœtation—in both of which the dead fœtus was removed by an operation, and recovery took place, are reported in the London *Medical Times and Gazette*, from which we condense the following abtract:

Case I.—The patient was a delicate woman, 40 years of age, mother of four children. In the beginning of December, 1858, two months after the suspension of her menses she came under Dr. Stutters care, suffering from general abdominal pain and extreme tenderness over the whole belly, most marked in the left iliac region. There was incessant vomiting, constipation, great thirst, and a quick small pulse. The symptoms passed off for a time, but two similar attacks came on again—one in the latter part of December, the other at the end of January. In the beginning of February, pulsations of the fœtal heart were discovered, and in the middle of the same month she quickened. Early in June, 1859, (eighth month of pregnancy) she again had a severe attack of the same kind, as described above. In the beginning of July another, less severe, accompanied by much forcing pain and procidentia; during this she ceased to feel the movements of the child, and they never returned. The abdomen of the size of full period of pregnancy, tender, especially on the left side; fœtus could be felt distinctly through the parietes. During the prolapse which occurred, the os uteri was found open; the cervix formed a canal with the body of the uterus, into which the sound was admitted for a length of an inch and a half. There was an escape of blood from the interior of the uterus, and a shreddy mucus continued to be discharged for some days afterwards.

From this time on she was unable to leave her bed, grew more and more feeble, and was troubled with vomiting of almost everything she took. Pulse between 140–150; mouth covered with aphthæ, and the patient rapidly sinking.

It was finally determined to remove the fœtus by an operation. The operation was consequently performed 18 days after the death of the fœtus. Chloroform having been administered, a trocar was plunged in the most prominent part of the tumor in the median line, a few inches below the umbilicus, and about sixty ounces of turbid brownish fluid escaped, which had a fetid odor. A free incision was then made upwards and downwards to the extent of about six inches through the abdominal walls, when the back of the child presented. The hand having been passed into the abdomen, the child's feet were seized and extraction easily accomplished. The child was a female, weighing five-and-a-half pounds; skin peeling off, its body undergoing decomposition, and smelling very offensively.

The placenta was found to be firmly adherent over the surface of the intestines, and no attempt was consequently made to get it away. In dividing the abdominal walls no cyst-wall had been noticed, the structures being all closely agglutinated by inflammation. Neither omentum nor coils of intestine were exposed to view in the operation. The latter were probably protected by the placenta, which was of large size and spread out over them. Having sponged out the cavity, the edges of the wound were loosely brought together by strips of plaster, and sponge having been placed over it, the whole was confined by an abdominal bandage.

On the fifth day the placenta loosened, and was removed *en masse*.

In three months the patient resumed her household avocations. Four months after the operation she menstruated, and has continued to do so regularly since.

Case II.—Another case of a similar nature occurred in the London Hospital, under the care of Dr. Ramsbotham and Mr. Adams; also reported in the *Medical Times and Gazette*, (July 21st, 1860,) and which we condense as follows:

The patient is a spare, somewhat delicate woman, 28 years of age. She was admitted about two months ago, having a large tumor occupying her abdomen, supposed to be the result of an extra-uterine fœtation. Her appearance was that of the seventh month of pregnancy, and on handling the abdomen, the

outlines of the fœtal limbs, head, and body, could be easily discovered.

She had been married eight years, but never conceived until February last. During the second, third and fourth months of pregnancy she was subject to attacks of severe, cramp-like pains in the right side of her body, which were irregular in the time of their occurrence and often made her feel sick. In June she quickened, her breasts enlarged, and she secreted milk. In the latter part of October she had a severe fall, and a few days after this the movements of the child, which had been constantly and distinctly felt, ceased. The following week was the termination of her period of natural gestation, within a week of the cessation of the movements of the infant a discharge of dark colored blood from the vagina commenced, but unattended by parturient pains, and in a few days it ceased. Within a month or two she had regained her usual health and menstruation commenced the following February.

After much consultation and severe deliberation over the case, an operation to remove the dead fœtus was performed by Mr. Adams. The patient having been brought under the influence of chloroform, an incision was made downwards and inwards from about two inches to the right of the umbilicus to about the same distance above the pubes. On dividing the abdominal layers no adhesions were found to exist. The omentum had to be drawn up before the tumor came into view. The tumor when exposed had a white glistening exterior. It was punctured, and about a pint of greenish yellow fluid, with flakes, escaped, not purulent nor fetid. The anterior wall of the cyst, which was thin and fibrous, was now freely exposed. The wound being a little enlarged, the fœtus was extracted. It was a full grown female, but little shrunken, and covered in parts with vernix caseosa. The funis was tied and cut. The placenta was easily seen and appeared to be large. It was examined both by Mr. Adams and Dr. Ramsbotham, but as it was adherent, no attempts were made to remove it. No intestines had been exposed during the operation. The cyst was carefully sponged out and the edges of the external wound brought together by sutures and strapping. The operation had been conducted as quickly as possible, and of course not the least gratification of scientific curiosity, as to the position of the cyst, attachment of the placenta, etc., had been permitted.

The case progressed very favorably. The cord came away on the fourth day, and at this time there was considerable discharge of grumous-looking matter, probably containing portions of disintegrated placenta. The greater part of the wound healed by first intention, and with the exception that a sinus is open, she is now (July 18th) well.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 11, 1860.

"THE GREAT UNWASHED."

There is at this time in the city of Philadelphia no want to the masses, in a sanitary way, so great as that of free or cheap popular conveniences for bathing and personal cleanliness. With two rivers of pure fresh water bounding the city, and with an unlimited supply of nature's great detergent distributed to even the poorest household, there is, withal, a great want of facilities for ablution among the classes whose habits make them need it most.

Without opportunity for general immersion of the body in water, the careless laborer will not take the trouble or spend the time requisite for complete washing of the entire surface, and real bathing conveniences are not usually fixtures in the dwellings of that class. The contracted space in which such persons are apt to be crowded, the air of which is vitiated by the animal exhalation which is continually taking place, and by the long unremoved cutaneous secretion, render washing of the surface more essential than among those who are favored by residence in large and ventilated apartments.

Physicians, and the few others whose occupations lead them familiarly into the domestic arrangements of the laboring and poorest classes of the community, can comprehend to what disgusting extent personal filthiness is often allowed. The frequent, almost usual, condition of those whose misfortunes or vices lead them into our elemosynary institutions, where a good cleansing bath is always a ceremony of initiation, is sufficient evidence of the general integumentary condition of that order of humanity. If the new-comer were not first

subjected to a thorough detergent course the parasitic population thus admitted would soon overwhelm as an Egyptian plague. Within a few days a stout laborer walked into the wards of the Philadelphia Hospital with a small ulcer on his leg, in which and its discharges numberless maggots were luxuriating.

Liebig has asserted that the enlightenment of a people can be measured by the amount of soap they consume, and we certainly believe it to be a great moral agent. Howsoever the use of soap may indicate the social elevation of a nation, the habit of bathing the skin is more prevalent among some nations which are only rated as half civilized. The most refined and elegant bathing arrangements have been copied from those of Turkey and Egypt. Personal ablution is not popular with the masses of the English and French people, and the greater proportion of the habitually unwashed among us are importations from the most enlightened nations of the earth. A modern writer on the bath has asserted "that a large proportion of the population of this country [England] never submitted themselves to an entire ablution in their lives, and many an octogenarian has sunk into his grave with the accumulated dirt of eighty years upon his skin!" Since this remark was made, much in a liberal spirit, worthy of our own imitation, has been done in England towards inculcating cleanly habits by popularizing bathing.

All that we need in this country is opportunity for the masses to bathe. There is not in the American people any hydrophobic inclination, on the contrary, as the craniologist would say, we have "aquativeness large." Such, indeed, would be inferred from a sight of perhaps a thousand excursionists in the water at once, as is sometimes seen at one of our popular watering places.

Although baths of a more public character prevailed in ancient times than at present, we are not disposed to believe that habits of personal cleanliness among the masses has decreased. In those days the dress worn next to the skin was of heavy handwrought material, or often of dressed skin or leather, which was costly, and could not, among the common people, be frequently changed or washed. The modern cheapness of wearing material, particularly of cotton fabric, makes a frequent renewal of the undergarments attainable by almost the poorest. Much cutaneous excretion is by such changing removed and the resort to the bath is thus to some extent rendered less imperative. The decrease or extermination of some loathsome forms of diseases which once prevailed epidemically, as if a natural retribution on personal foulness is evidence of improvement in this respect.

But the substitution of frequent change in apparel, though it may remove much of the cutaneous excretion, can never properly take the place of frequent ablution of the entire surface of the body, and the excretory orifices may remain hermetrically sealed beneath the purest vestment.

What is now most needed for the encouragement of personal cleanliness in the community is the establishment of extensive places where, *as a recreation*, facility for bathing and swimming can be freely obtained. The pleasure of the bath, with the exhilarating exercise of swimming, would be inducements to many to bathe who otherwise would not concern themselves about the condition of their skins. The rivers, either at their banks or, as in Paris, by means of floating bathing arrangements, would be most convenient places for their construction. A continued change of water can thus be most cheaply secured.

It is now not possible for the "greasy mechanic"—if he possess not the conveniences for a bath at home, and is disinclined to pay one-fourth of his day's wages for the privilege in an establishment for the purpose—to bathe or swim. At the city fronts on our rivers bathing is forbidden, and on the shores in the rural districts the bather is considered a trespasser.

Several attempts to popularize bathing and swimming have, in recent times, been started in this city, but as yet nothing practical has resulted. A new organization, from the position and liberality of those connected with it, promises something tangible in this way.

The subject is one in every aspect deserving public interest. To the philanthropist, the

opportunity of giving so much healthful enjoyment to the toiling people at a trifling cost is full inducement. To the physician, a hygienic view of it is sufficient. To the moralist, the association of pure morals with a clean person needs no better argument.

CORONER'S INQUESTS AND POST-MORTEM EXAMINATIONS.

The freeholders of the county of Essex, State of New Jersey, have made a great outcry about the enormous expense to which the county aforesaid is subject from the extravagant charges of the physicians for post mortem examinations. It is as illustrative of the shabby manner in which services of a liberal profession are frequently received and acknowledged by the political servants of the people, that we refer to this subject again, and make such remarks as we deem just and proper under the circumstances.

To set this matter in its true light, we must state that the physicians of Newark never refused to make a post-mortem examination, until the Board of Freeholders passed a resolution that in no case, and under no circumstances, should more than five dollars be paid for a post-mortem examination.

A case occurred in which it was absolutely impossible for one man to do the merely *mechanical* work of an autopsy. Disgustingly filthy, in an advanced state of decomposition, involving the question of drowning or death by violence, the physicians, called upon, declined to spend four or five hours in the examination of a body, for two dollars and a half a piece, with a prospect, perhaps, of attending upon a trial, and being bullied by cross-examining lawyers. They might, perhaps, have recovered a proper fee by suing the county. But it is, after all, a question whether this would have been the proper course.

However, the Auditing Committee of the Board of Freeholders, in their wisdom assembled, concluded to throw light upon the subject, and bring before the astonished community certain *figures*, which would show the awful amount paid for post-mortem examinations. Consequently they publish, officially, in the Newark Daily Advertiser, of August 2d, the following:

The Auditing Committee of the Board of Chosen Freeholders met on Wednesday, August 1st, and found the amount paid Coroners since May 9th, 1860, to be as follows:

Amzi J. Dean,	Coroner	$232 33
Charles W. Benjamin,	"	111 90
Ira Campbell,	"	12 84
Albert Matthews, Esq.,		16 62

Post-mortem examinations as follows:

Doctor G. S. Ward, 4 bills		$20 00
" J. J. Craven, 3 bills		15 00
" A. M. Mills, 3 bills		15 00
" E. D. G. Smith, 5 bills		25 00
" E. A. Pierson, 1 bill		5 00
" C. Eyrich, 1 bill		5 00
" F. Ill, 1 bill		5 00
" A. N. Dougherty, 5 bills, (including 2 of last year's,)		25 00
" J. A. Cross, 2 bills		10 00
Total amount		$495 69

A. C. GOULD,
WM. GARTHWAITE,
WM. H. WEBSTER,
Auditing Committee.

As here published, out of $495 69 expended for Coroner's inquests, the physicians received for post-mortem examinations $125. But this is a proportion not borne out by the facts. We must throw out two bills ($10) which were for last year; three bills ($15) paid to one who is not a physician, licensed according to the law of New Jersey, and whose bills the Auditing Committee ought to have rejected, and whom to call to make a legal post-mortem was a violation of the law of the State, on the part of the Coroner. This leaves the astonishing sum of $100 paid to physicians since May 9th—two months and a half—against $373 69 paid to Coroners. This is indeed a terrifying expenditure for a community of 100,000 inhabitants, to pay to those who serve more faithfully and with less remuneration the welfare of the commonwealth than any other class of citizens!

We understand that the Essex Medical Union have passed resolutions in favor of the position assumed by the physicians. This is

right. Yet *resolutions* are of no avail, unless every member is willing *to stand firm by them*, and not to yield in the least. A unanimous refusal to make post-mortems for the Coroners, which will speedily bring matters right; an ignoble triumph of the penurious, self-assumed dictatorship of the Board of Freeholders; or the long, protracted and expensive luxury of a suit, are the only alternatives left to the physicians of Newark and Essex county.

Which will they choose?

The profession of the country is deeply interested in this matter, and we have no doubt that, laying aside all past differences, and perhaps personal considerations, the profession of Essex County will yet stand up, as one man, for their rights, which are the rights of us all.

DEATH FROM CHLOROFORM.

Again we have to record a case of death from chloroform occurring in Bellevue Hospital, in New York, during a surgical operation, and offering another most forcible plea for the abandonment of chloroform and the substitution of *ether* in surgical practice, except in cases where ether has been tried and found to be incapable of producing anæsthesia.

In this case, as indeed in many others, the chloroform was administered, so the verdict says, with the utmost caution, yet suddenly the patient gave a few convulsive respirations and immediately expired. All efforts to restore him were unavailing.

Why should chloroform be continued to be given when its dangers have been so amply and so fearfully demonstrated and when in ether we have an article nearly as certain, although acting a little slower, but known to be attended with far less risk of life? It is true, we know, that it is a somewhat more tedious process to produce anæsthesia by ether than by chloroform; yet is there any surgeon's time *so* valuable that at the risk of his patient's life it must be used in preference to a safer article?

These are the questions which force themselves upon our attention, when again and again we are obliged to refer in our columns to "*deaths from chloroform.*" Let the profession ponder them well.

Correspondence.

The Middlesex Hospital—Its Endowments—Cases of Interest—Schools of London—Lecture Rooms.

London, July 16th, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—I propose in my present letter to describe one of the modern London hospitals, called Middlesex Hospital. My visit to it was rendered much more agreeable and instructive, than it would otherwise have been, by the kindness of Mr. Henry, one of the surgeons.

This institution is chiefly distinguished from the others in London by the ventilation, which is very perfect, every precaution having been taken to keep the air constantly changing. The peculiar kind of window used is very useful to this end; every window being composed of three parts, each one movable on a hinge below, so that when partly opened, the current of air is divided into three parts, and each part directed upwards; thus enabling ventilation to be preserved, without the same danger of catching cold in cold weather, to which the patients are liable with the ordinary window sashes. The building is in the form of the letter H, the wards are wide, with windows on both sides of all of them, the ceilings also are high, and I was informed that erysipelas never spreads in the wards, the patients being as secure after operations as they would be in private practice.

Printed in large capitals over the main entrance are these words "supported by voluntary contributions;" and by inspection of the book, in which a list is kept of the contributors, (for their names are not spread out upon the walls, as in the Liverpool Infirmary,) I found some very large donations and bequests, the largest £26,000, or $125,000, and several of £1,000 to £5,000. There is also a box near the main entrance, in which any contributions of small amount may be placed.

There is accommodation for three hundred, but in the summer not near all the beds are filled—and at the time of my visit not more than one-half.

On the walls of the hall, I observed on entering, there were printed the names of the wards. I shall transcribe a few. "Clayton (accident) Percy. 1st floor. Founder, Pepys." "2d floor. Cambridge, Hertford. Mrs. Stafford, (Cancer.) Proudhoe, (uterine,)" &c.

The cancer ward is named after Mrs. Stafford, who, while alive, supported in the house a large num-

ber of cancer patients, and on her death bequeathed a sufficient sum to found a ward devoted to that disease alone, and where those afflicted could be retained until relieved by art or released by death.

In this hospital a plan is introduced which I have noticed likewise in others, that of having posted up on a board the names of the physicians and surgeons on duty, and likewise of those in the house at the time. At the Middlesex, each one has his name printed on a board, which is movable, and when the physician enters he turns out the side on which his name is printed: when he goes away he turns out the blank side.

When I reached the hospital, a patient had just been brought in, who had swallowed four fluid ounces of laudanum, and I saw them applying the galvanic battery to keep him awake. They had already pumped out his stomach with the stomach pump, as well as given him sulphate of zinc, and were then especially endeavoring to excite the motions of the diaphragm by applying one pole of the battery to the epigastrum, and the other about the neck. The man appeared to be little affected by all they could do, but before I left him a little consciousness seemed to be returning.

Another case of interest was one of stricture of the urethra, which Mr. Henry dilated by the use of an instrument which I had never seen employed before. It was called the *Dilator*, and may be described as a hollow sound, divided longitudinally into two parts, (which, however, could not be separated far,) and with a wire running down the centre, over which a hollow bougie could be pushed, which in this way would dilate the instrument after its introduction, and of course the stricture also. The *Dilator*, when introduced takes but very little room, and can be coaxed through a very narrow passage. The dilation appeared to give not much pain, and that only momentarily. Directions were given to allow it to remain for about a quarter of an hour, after which nothing more was to be done till the next day. Perhaps, what I am describing may be familiar to most of your readers, but as it was new to myself I have run the risk of writing of it.

The Middlesex Hospital has a few flowers, and some grass and trees enclosed for the use of the inmates. The first hospital which I saw in this country had not even a blade of grass to delight the eye; the next (Guy's) had grass, but no flowers; and the third has flowers. If every one I see, goes on improving in this ratio, I shall come at last to a rival of our own hospital at home. There is a deep trench all around the house with a sloping border, covered with grass, as in the Pennsylvania Hospital. It looked very homelike.

There is a school connected with the Middlesex Hospital, in the lecture room of which a lecture on botany was being delivered at the time of my visit. I think I did not mention in my last letter that on the occasion of my visit to Guy's, I entered the lecture room, and saw there pictures and preparations, which showed that a lecture on Zoology either had taken, or was about to take place. There are fifteen medical schools in London, and only eight hundred students. None of the operating theatres or lecture rooms which I have seen have been capable of seating more than one hundred persons.

I was very much pleased with the museum of the Middlesex Hospital. The wet preparations were beautifully put up. A thing worthy of notice was the series of preparations in wax, representing the human embryo in various stages of its existence. They were made by Tuson, and were admirably done. Another series represented the formation of the chick. A preparation was being made at the time of my visit, of the head of a child, who had died of hydrocephalus. The size of the cavity was enormous. One half of the skull was being prepared in the dry way, merely to represent the size and the manner in which the fontanelles had remained open. The other half was in alcohol, and showed the manner in which the brain had been flattened out, owing to the fluid in the ventricles.

In my next I shall describe some clinics.

Truly yours,

"M. D. ABROAD."

American Dental Association.

Washington City, D. C., Aug. 3d, 1860.

In pursuance of a notice given at Niagara Falls, in August of last year, the different state and local dental societies appointed delegates to meet in Washington, on Wednesday, the first inst., to form a National Association upon a representative basis.

A constitution, modeled after that of the American Medical Association, was submitted at that meeting, its final adoption to be deferred until the meeting in this city.

Representatives from the following named societies were present, "Washington City Dental Association," "Cincinnati Dental Association," "Georgia Dental Association," "Mad River Valley Dental Society," "Western Dental Society," "Indiana Dental Association," "Kentucky State Dental Association," "Pennsylvania Association of Dental Surgeons," "Pennsylvania College of Dental Surgery," "Kentucky Dental Association," "Mississippi Valley Association."

Upon a careful consideration of the proposed constitution, it was, after a few modifications adopted. An election for officers for the ensuing year was had, which resulted in the following choice; for President, Dr. Atkinson, of Cleveland, Ohio; first

Vice President, Dr. Gibbs, of Washington City, D. C.; second Vice President, Dr. Clark, of Savannah, Geo.; Recording Secretary, Dr. Taft, of Cincinnati, Ohio,; Corresponding Secretary, Dr. Rogers of Shelbyville, Ky. Standing committees were appointed, and various resolutions adopted, among which I would direct attention to the following: Upon motion of Dr. W. Muir Rogers, "Resolved, That this Association recommend to dental practitioners throughout the Union, the propriety of urging students under their tuition to prosecute a course of Collegiate Dental education, also that we feel the importance and necessity of a higher standard of literary and scientific attainments by the students of dentistry." Upon motion of Dr. W. W. Allport, of Chicago, Ill., "Resolved, That the American Dental Association respectfully recommend to Dental Colleges the necessity of their being more stringent in requiring of matriculants a higher order of general literary and scientific education, and a rigid enforcement of their standard requirements for graduation."

On Wednesday evening the members of the Association, through the hospitality of the dentists of Washington, assembled around a sumptuous repast at the National Hotel, and the due attention which they gave to the "things made and provided," was abundant evidence that if they do not in every respect regard the laws of health, they do at least keep the masticatory apparatus in order.

After an instructive and interesting session, on Thursday, all the business having been transacted, the first *American Dental Association* adjourned to meet in Cleveland, Ohio, on the last Tuesday of July, 1861. S.

Dr. Holmes' address again.

Philadelphia, Aug. 8, 1860.

Editors of the Medical and Surgical Reporter:

The late address of Dr. Oliver Wendell Holmes delivered before the Massachusetts Medical Society, has doubtless been read by the greater number of those practitioners among whom the pamphlet containing it has been distributed. Whether it will seriously affect their modes of practice cannot yet be determined, but a candid view of its subject matter inclines us to anticipate its effect on the waters of medical science as that of a tiny pebble heedlessly dropped on the surface of a ripling brook, which, producing a little commotion in its immediate vicinity at the moment of its fall, is immediately hidden from view by the very water it momentarily disturbed.

The design of the address in question seems to be to induce physicians to trust to nature in the cure of diseases rather than to the varied articles of the materia medica. He regrets that modes of treatment are changeable, not only as diseases vary, but also by the going out of fashion of special remedies by the decadence of a popular theory from which their fitnes was produced. This surely is no reason why other modes of treatment, substituted for the discarded plans, should not be adopted. Everything changes more or less with fashion. Human nature would not be natural were it otherwise; but when an article of real utility becomes fashionable, it remains in use long after other fashions, prevalent at the same time, have faded from memory.

Medicine can never become an exact science. No government can compel men to live in a particular manner, and regulate their diet and habits of cleanliness, so that they shall live as nature intended.

Life is everywhere more or less artificial, and with it health and disease must be more or less artificial, and the medicines intended to arrest disease and restore health must be guided accordingly. It is impossible to prescribe any arbitrary mode of treatment and adhere to it. This can be done (if deemed advisable) to some extent in public institutions, where those who are recipients of the benefits they afford, know before application that they must abide by certain regulations, and live according to them. In childrens' asylums, and the like, where the inmates are brought up from birth in a manner as near as may be to the designs of nature, they may receive nature's medicament when sick, did it not happen that those who live in accordance with nature's law, and are not exposed to vitiated airs, contagion and hereditary influences, never get sick, and consequently never require medical treatment.

But life is no longer natural. Men are subject to the consequences of the indiscretions of their ancestry, and, live as naturally as they can, something may occur to develope into a formidable disease some latent germ then generated with their being at the very moment of conception. All the *nature* in the world will not combat such disease, and recourse must be had to artificial medicament, and he who neglects it must be prepared to answer Him who asks, "What has become of thy brother?"

To leave a case of sickness to nature is an easy mode of ridding ones-self of the responsibility incurred on assuming the duties of the profession, but is it honest? and does it lessen the moral responsibility of him, who is either too indolent to think, or is wilfully negligent? we think not, and we are entitled to our own opinion.

The physician who leaves to nature a case which ultimately recovers, too often takes upon himself that credit which he should accord to nature; and boasts of the consequences of his apathy or indifference, as if his conduct were the result of deep investigation—a profound knowledge of human econo-

ny, and an intimate acquaintance with nature's laws.

Nature is a most powerful recuperative agent, and often astonishes us by her power, but that does not justify a practitioner of medicine in trusting to her unassisted efforts. Nature too, often cures in spite of the doctor; but even this is no reason why he should not study disease, and the nature of every particle of matter which may be brought to bear on its cure.

We should not confine our Materia Medica to a limited number of articles, but embrace within its scope the whole earth and all its contents. We should carefully study the nature and effect of every substance, whatever its origin, with a view of ascertaining its restorative agencies. It is unnatural to suppose that the wise Being who presides over Creation, has placed anything upon the earth which is not subservient to the uses and necessities of those for whose especial benefit the earth was created; and it is not treating him with proper respect, to use no more forcible expression, not to study the application of the substances with which he has surrounded us.

As well might we trust to our natural means of progression in all cases where we wish to go from place to place, instead of availing ourselves of the application of the experience and research of former ages, which has provided us with locomotives and steamboats; and the analogy can be carried still farther, and have reference to every appliance of science and art, which now contributes to our spiritual, mental and physical comfort.

That we accept the whole world as our Materia Medica, is no reason why we should use it on every seeming occasion; but it enlarges our views to be able to employ any part of it that may be requisite, and gives us a greater degree of confidence in the exercise of that reason with which a munificent creator has endowed us, in order that we may improve it, which we cannot do without exercising it.

Had the Almighty intended us to adopt narrow views in reference to any subject presented to our judgment, it is not likely that He would have placed us upon such a bountiful and extensive earth, nor surrounded us with an indefinite variety of beauty, worth and intelligence. Our minds would have remained incapable of cultivation, and our soil and its contents would have answered less readily to the investigations of industry and experience.

Our minds are given us that we may exercise them, and such exercise is inconsistent with the admission of narrow views, even when they profess to be in accordance with nature.

The same principle is applicable to medicine.—The more enlightened nations are subject to an indefinite variety of complaints, brought on by a mode of life more or less unnatural, and being diversified, they require a diversity of treatment.

Savages suffer from few complaints, and when they are unwell, their organization suffers less acutely than more civilized races, and consequently, fewer appliances are necessary to restore their health; but even then, something more than nature is required, if only to occupy their mind, as is evinced in their practice of incantations, &c.

How much more should nature be assisted when those are sick whose lives are passed in less accordance with her received laws!

No one for a moment will imagine that it is our design to recommend a blind application of the resources of the Materia Medica, but we do not wish to have their value ignored. Rest, regulation of diet, habits of cleanliness, position, temperature, mental emotion and the like, are all necessary in the cure of disease; but when we accept the world as our Materia Medica, we include everything, and therefore these are curative agents, as well as cinchonia, mercury, and the hosts of articles that fill our dispensatories. They are often more potent in their action than any other article of the Materia Medica, and more certain in their results.

It is surely the duty of every man who enters the profession with the intention of applying himself to the prevention of disease, and its cure, to study everything which will enable him to practice his profession with justice to those from whom he gains his support; and he who fails to do this, or neglects it, does not join the ranks with a proper spirit, and is therefore unworthy to be counted among them.

C.

News and Miscellany.

The Radical Cure Truss.—We have recently seen the efficiency of a modification of the truss for the radical cure of hernia, which is made at McClenachan's bandage establishment in this city. A hard wooden pad is made adjustable by a ball and socket joint, which can be firmly fixed in any desired position by the turn of a screw. This instrument is not at all cumbersome, and possesses advantages over any other which we have seen.

We have received Lindsay & Blakiston's Visiting List, for 1861. This excellent little work, combining day book, cash book and ledger, besides being a general memorandum book, has been so many years before the profession that the simple mention of the fact that it is "out," is all that is necessary to call the attention of our readers to it.

Malpractice.—In a recent trial for malpractice, instituted against an English surgeon by his patient, for not treating him properly for an injury to the hip, Lord Chief Justice Erle made the following important remarks:

"The real question is not whether Mr. Herring was cured. It is the most intensely pernicious mistake to think that an action would lie against a medical man, because he does not cure his patient in every complaint. All that he is bound to do is, to have competent skill, and to use it to the best of his judgment. When he has done that he has done his duty, and he is not liable for any consequences which ensue, which may be utterly beyond the control of man. According to the exceedingly valuable evidence which has been given in favor of Mr. Hacon, when he attended this man he brought to bear upon his case a considerable degree of skill, and a disease supervened for which he is no more responsible than I am. If you are all of that opinion, a verdict will be taken for the defendant, which seems to me most satisfactory. A verdict was taken for the defendant."—*Med. Times and Gazette.*

Piperin in Intermittent Fever.—Dr. Meli, of Venice, from the results of numerous experiments, comes to the following conclusions:—1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, nor suppresses any secretion or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Presse Belge.*

Syrup of Iodohydrargyrate of Iodide of Iron.—M. Chamoun (*Répert. de Pharm.*, May, 1860,) suggests the union of iodide of iron and biniodide of mercury in the forms of syrup and pill: Take of biniodide of mercury 1 grain, syrup of iodide of iron 3,000 grains, triturate the biniodide with a portion of the syrup, until dissolved, and incorporate it with the remainder. There appears to be a combination between the two iodides.

A New Medical Journal is about to be issued at Columbus, Ohio, under the editorship of Dr. W. L McMillan, and we have no doubt that under his able management it will be a valuable exponent of our science.

The Address of the Pharmaceutists.—A very considerable number of the Pharmaceutists of this city, including among them most of the prominent in that profession, have determined to close their places of business on the Sabbath except before 9½ in the morning, between 1 and 3 in the afternoon, and from 9 to 10 in the evening.

That the public may properly comprehend the object of this movement, and give their aid in sustaining the Pharmaceutists in their effort to obtain the usual privileges of rest and worship, they have issued an address. They state that the stores are open from 16 to 17 hours daily throughout the entire year, beside being in readiness for calls at night, and we know of no other calling which requires such irksome and continued close attention. During the hours of closure it is suggested that application be made to the residence of the Pharmaceutists, or, as is sometimes necessary in the case of Physicians, he may be sent for to his place of worship.

It would be well for medical practitioners who will, we think, generally give their aid in sustaining this reasonable resolve, to recollect the above hours during which, except in extreme cases, the stores will not be accessible.

Hygiene of Cities.—In a communication to the Common Council of the City of Troy, N. Y., in reference to the erection of a much needed sewer in that city, *Dr. Thomas W. Blatchford*, Health officer, introduces his subject as follows:

"There are at least six conditions necessary in every city before its sanitary regulations can be expected even to anticipate an immunity from the prevalence of pestilential and epidemic diseases.

1st. A plentiful supply of good water.

2d. Paved streets, well crowned, with smooth and even gutters, affording a quick passage for surface water.

3d. Universal sewerage, deep, ample, smooth, circular.

4th. Speedy removal of all animal offal, without the escape of offensive effluvia.

5th. The entire inhibition of all swine, and

6th. Strict attention to cleanliness, as well on private premises as public thoroughfares."

Professor Carnochan, of New York, is suffering severely from a dissecting-wound in his hand, contracted while making a post-mortem examination. We wish the eminent surgeon a speedy recovery.

One of our city newspapers copies the following certificate, which it vouches for as a true one.

"I certify that ——— died this day of *cholera and phantom*, aged two months and 20 days.

Doctress ——— M. D.

We make no remarks, comment is unnecessary.

Handsome Gift.—A noble building for the Yale College Scientific School is on the point of completion at New Haven, Connecticut, at a cost of $50,000, the entire property being a gift from Joseph E. Sheffield, Esq.

We have read with interest some recent homœopathic "provings" of medicines. An article, the ordinary physiological effect of which is well known, is, in health, taken in one of the homœopathic infinitesimal, inappreciable, imperceptible, impalpable, invisible, microscopic, molecular, atomic doses, and the credulous investigator seats himself to watch patiently for startling allopathic effects of the potency.

Our interest has become so great that we have just taken up the study of homœopathy, and the result of our first lucubration is the suggestion of a few articles, the ordinary effects of which are well known, to be applied to the diseases annexed.

Diseases of the Head—Cabbage.
Diseases of the Neck—Hemp.
Lachrymation—Onions.
Flatulence—Beans.
Noctural Emuresis—Dandelion.
Tape Worm—Raw Pork.
Softening of the Brain—Homœopathic Theory.

—o—

Answers to Correspondents.

Dr. G. W. S.—There is no perfect scientific treatise, by an American or English author, on the subject of hygiene. Many valuable monographs, however, have been written, and are distributed among the Transactions of various medical and scientific societies.

In reference to the public *hygiene of cities*, we do not believe that "G. W. S." can find anything better or more complete than the various reports under that title in the Transactions of the Third National Quarantine and Sanitary Convention, especially that "On the Importance and Economy of Sanitary Measures to Cities," by Dr. John Bell, of this city. The volume may be obtained by applying, we suppose, to any one of the members of the Committee on Publication. Perhaps Drs. Jewell, of Philadelphia, and Griscom, of New York, could give most information on the subject.

Bequerels' work on hygiene is one of the best works on the subject in French. It has never been translated.

Dr. A. M. G., Alabama.—We shall shortly again resume full clinical and hospital reports. There is always a scarcity of this kind of material during the hot summer months, and a difficulty in working it up.

Dr. C. A. P.—The price of Althaus' book on Medical Electricity is $1 25, for which the publishers, Lindsay & Blakiston, of this city, will send it to you, postage prepaid.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. G. G. Chamberlain. By Dr. McNichol: Dr. Benj. B. Groves, [with encl.]—*Georgia*, Dr. G. R. Ramsay, [with encl.]—*Illinois*, Dr. C. A. Paul, [with encl.,] Dr. E. R. Crothers—*New York*: By Mr. Hulme, Drs. J. A. Skilton, J. P. Boyd, Vanderpool, [with encl.] Mr. J. Winchester, Mr. Wm. E. Chapman, (2;) Dr. O. C. Gibbs—*New Jersey*, Dr. A. N. Dougherty, Dr. G. Grant—*Ohio*, Dr. W. L. McMillan, [with encl.]—*Pennsylvania*, Dr. R. J. McClantchy, [with encl.,] Dr. G. W. Wimley, [with encl.,] Dr. Oberholzer, [with encl.]—*Vermont*: By Mr. Hulme, Dr. Luther Morseley, [with encl.]

Office Payments.—Drs. Evans, Whartonby, A. G. Heston, Dr. J. P. Hall, Mr. Baeder.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge*.

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory*; after which the regular Lectures of the course will commence *without delay*.

FEES.

Matriculation, (paid once only,) - - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean*,
199—eowt01 *No. 1023 Vine, below 11th Street*.

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 816

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } Dr. RICHARDSON.

Physiology, Practice of Medicine, } Dr. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

D. D. RICHARDSON, M. D.,
36 North Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McRUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted.

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN**, No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174